

Credentialing of Direct Caregivers for People with Disabilities and Elderly New Mexicans

House Memorial 37 Legislative Task Force Recommendations

October 31, 2009

1. *Define a core curriculum common to all direct care workers, building discipline-specific or sub-specialty training from that foundation.* Direct caregivers undertake agency-specific training depending on the setting and needs of the populations they serve. We recommend a foundational, or core, curriculum for all direct care workers regardless of work setting or needs of consumers served. A basic level credential would teach the skills common to all fields of direct care (elderly, physically, developmentally, psychologically, cognitive disabled). We recommend that advanced, discipline-specific curricula be developed once a crosswalk has been conducted (See Further Study Needed) and after a learner has mastered a foundation credential.
2. *Direct care workers must be able to demonstrate skills acquired.* Any direct caregiver, regardless of setting, must be able to demonstrate competence in skills acquired. And, for those individuals directing their own care, they too should be held accountable for demonstrating an appropriate level of training and competency of their caregiver.
3. *Meet adult learners at their levels, reaching them through a variety of methods.* There are many ways adults learn, just as there are a variety of learning resources, geographic settings and life circumstances of workers themselves. A focus on development of core competencies (rather than educational attainment) will result in mastery of the requirements needed for direct care workers as well as a learner's identification of career pathways and transferable skills needed to transition among a variety of occupations within the field. A full menu of delivery mechanisms should be developed that includes classroom training, web-based/on-line learning and self-paced or independent study. Language adaptations may be required depending on the needs of the individual learners.
4. *Educational credit should be granted to adult learners for experiential knowledge.* When developing the core foundation curriculum and subsequent discipline-specific training, provide a way to grant educational credit for life experience and for training provided by state agencies and service providers.
5. *Consolidate resources for educating and training direct caregivers.* The range of state and Federal agency and service provider resources, tools and websites should be consolidated and made available to all direct caregivers. This clearinghouse would hold resources including education and training standards, workforce development tools and information on job/career advancement.
6. *Remove barriers to granting wage increases for direct caregivers' additional training.* Existing obstacles to wage increases should be removed for those who obtain additional job training. For example, the Mi Via Waiver budget should be amended to grant wage increases (or benefits) for attendant care training.

7. *Continue to involve consumers and direct care workers in development of a credentialing system.* We strongly encourage continued involvement of consumers and direct caregivers so they may provide feedback to these recommendations and subsequent development of training, tools and resources.
8. *Use Federal and state regulations to reinforce quality of care, asking that service providers, contractors and advocates re-draft certain rules. Consider additional documentation requirements as needed and by exception, employing these for clients who have ill-defined or more intensive clinical or behavioral needs.* Government rulemaking generates attention to detail but not necessarily better quality of care. Further, there is a distinction between quality operating standards and regulations that reflect no more than a possibility of eliminating risk for vulnerable populations.
9. *Promote a “duty to report” as an essential safety mechanism to protect consumers from abuse, neglect and exploitation, describing a policy and procedure for if and when a “self-directed” consumer loses his rights in self-directed care.* The responsibility of the individual, family, community, service provider and government to provide oversight needs better definition and clarity. While we strive to promote individual liberty, there is a need to define the criteria for “involuntary termination” of a self-directed waiver when one’s own or another’s safety is threatened.
10. *Improve and promote a positive image of direct care as a profession.* There is a high degree of interest among direct caregivers, agencies and providers alike for gaining recognition, increasing the sense of professionalism and developing public awareness of the work of direct caregivers.
11. *Develop and encourage adoption of a professional Code of Ethics that is daily demonstrated by direct caregivers across New Mexico.* We believe that a Code of Ethics will help to promote a sense of professionalism and excellence.
12. *Promote self-management and stress reduction skills to direct caregivers so they may deal with difficult work-related and personal care situations.*

Report available at <http://www.edworkforce.com/state-publications/hm37-final-report.pdf>

***Education and Workforce Consultants, LLC
10 Placitas Trails Rd.
Placitas, New Mexico 87043
www.edworkforce.com***